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# Doctor Swap

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**Editor’s Note: Emergency Medicine Doctors, Cmdr. Randy Baldwin and Cmdr. Richard Childers switched places for a month to give Baldwin the opportunity to hone his emergency medicine skills at Naval Hospital Guam, the highest acuity hospital in the Navy.**

## Cmdr. Randy Baldwin: From Naples to Guam and Back Again

Having worked in the low acuity (acuity meaning how sick patients are), low-volume emergency department at Naval Hospital (NH) Naples, Italy for several years I was looking for an opportunity to work in a high acuity environment to brush up on my emergency medicine skills.


When Cmdr. Richard Childers, an Emergency Medicine Practitioner stationed at Naval Hospital (NH) Guam, contacted me saying he wanted to switch places for a time, I jumped at the chance.


In Guam I experienced the most rewarding medical challenges I have had since residency training. Within the first 10 minutes of my first shift. I was running a full code, which is an


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Outside the ER setting I discovered Guam to be a wonderful place to live and work. I came with my wife and three sons who thoroughly enjoyed our month in paradise.

alert to a specific emergency, intubating (placement of a flexible plastic tube into the trachea) a cardiac arrest patient, which I hadn't done for several years. During my first month at NH Guam I ran several codes, did multiple intubations and placed several central lines (An infusion tube located in or near the heart, which is at the center of the circulatory system).

It was a unique opportunity to “job share”, trading places with a colleague with minimal expenses other than travel. He stayed at my house, drove my car, used my phone and worked my Emergency Room (ER) shifts in Naples, while I did the same in Guam.

In the Navy's current economic situation with limited funds for training and continuing medical education, this was a very cost effective method of obtaining the best medical training available. I highly recommend this opportunity to other colleagues needing to brush up on their emergency medicine skills.



The highlight of the trip was probably the entire family, scuba diving the “Blue Hole”.

Outside the ER setting I discovered Guam to be a wonderful place to live and work. I came with my wife and three sons who thoroughly enjoyed our month in paradise. We obtained our advanced diving and nitrox certifications as well as hiked many of the “Boonie Stomps” including Spanish Steps and Tarzan Falls. The highlight of the trip was probably the entire family, scuba diving the “Blue Hole”. I hope to someday get orders to Guam, and if not , then return for another job sharing opportunity.

**Cmdr. Richard Childers: From Island Paradise to Rustic Italy and Back Again**



November 2014 (11)
October 2014 (15)
September 2014 (20)
August 2014 (14)
July 2014 (13)
June 2014 (8)
May 2014 (11)
April 2014 (9)
March 2014 (14)
February 2014 (7)
January 2014 (7)
December 2013 (7)
November 2013 (12)
October 2013 (7)
September 2013 (14)
August 2013 (13)
July 2013 (11)
June 2013 (22)
May 2013 (15)
April 2013 (14)
March 2013 (14)
February 2013 (14)
January 2013 (12)
December 2012 (11)
November 2012 (11)
October 2012 (7)
September 2012 (9)
August 2012 (12)
July 2012 (13)
June 2012 (17)
May 2012 (22)
April 2012 (14)
March 2012 (13)
February 2012 (14)
January 2012 (13)
December 2011 (13)

Shifts covered, training opportunity seized, and morale improved, all at no cost to the Navy.

During my first NH Naples’ Emergency Department shift mozzarella caprice was served, voluptuous vine-ripened dark red tomatoes, creamy mozzarella, and basil. Each item purchased at a roadside stand. In addition, steaks were grilled perfectly: crusty herb dry-rub and pink in the middle. Corpsmen in their early 20s taught me the history of the Roman Empire and the character of the different Baltic countries, so much for the stereotype of provincial Americans.



My medical experience in Italy was quiet, but my family and I squeezed in Naples, Florence, southern Italy, and Rome in between my 13 night shifts. Needless to say, it was incredible; we learned a lot and had a blast.

In contrast, Cmdr. Randy Baldwin who switched with me saw 30 patients during his first shift including a cardiac arrest patient and three Intensive Care Unit admissions. We had switched lives for a month. My family and I stayed in Naples while I worked his shifts. He brought his family to Guam and lived my life. We switched to enjoy a new and stimulating environment, but-more importantly for the training opportunity that Naval Hospital Guam offered to Cmdr. Baldwin.

The NH Guam’s Emergency Department hosts the highest acuity patient population in the Navy, perhaps the entire Department of Defense (DoD). In this single coverage

Emergency Department (ED), there is generally plenty to do. During a 12-hour day shift we usually see 30-35 patients. During most shifts we run Advanced Cardiac Life Support (ACLS) codes.

In one year at Naval Hospital Guam I’ve run five pediatric codes including an initial presentation of severe aortic coarctation; compare this to the one pediatric code I have run in my nine-year Emergency Medicine career including residency rotations at children’s hospitals. (Traumatic Pediatric codes in Afghanistan excluded.)

There is an abundance of vascular disease leading to thrombolytic use, unique arrhythmias, and kidney disease complications. For the first time in my career I have diagnosed unique tropical infections including leptospirosis, dengue fever, and malaria. Life is closely intertwined with the ocean in Guam and we frequently see marine envenomation’s, marine toxicological disease (ever hear of ciguatera toxicity?), and decompression sickness.

Guam is a unique military medical environment. Most overseas DoD facilities see active duty sailors and dependents that were healthy enough to pass overseas screening. Large Veterans Affairs (VA) or retiree populations are rare.

Stateside DoD hospitals exist in the setting of trauma centers, stroke centers, and VA hospitals, which siphon off potentially sick patients. However, on the island of Guam (population 165,000) the naval hospital is one of only two sites for inpatient care, so all disease comes to



November 2011 (20)
October 2011 (22)
September 2011 (12)
August 2011 (16)
July 2011 (10)

see us. Also, the hospital provides care for a significant VA and retiree patient population.

On the island of Guam (population 165,000) Naval Hospital Guam is one of only two sites for inpatient care.

Thus, NH Guam provided Cmdr. Baldwin an excellent opportunity to improve his professional skills. He also dove Gab Gab beach, snorkeled Spanish Steps, and “boonie stomped” through the jungle with his family.

My medical experience in Italy was quiet, but my family and I squeezed in Naples, Florence, southern Italy, and Rome in between my 13 night shifts. Needless to say, it was incredible; we learned a lot and had a blast.

Shifts covered, training opportunity seized, and morale improved, all at no cost to the Navy. We paid for our plane tickets. The only limiting factor was the significant cost of travel to and from our destinations. Despite this, Navy emergency departments should consider rotating their personnel through NH Guam for the excellent training and unique tropical Pacific environment.

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